	NT OF DEFICIENCIES N OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		MHL001-096	B. WING		02/29/2024	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
WILDWO	OOD LANE GROUP HO)MF	WOOD LAN	E		
GRAHAM,		, NC 27253				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE COMPLETE	
V 000	INITIAL COMMENT	-s	V 000			
	on February 29, 202 This facility is licens category: 10A NCA	w up survey was completed 24. Deficiencies were cited. sed for the following service C 27G 5600C Supervised				
	This facility is licens	h Developmental Disabilities. sed for 6 and currently has a rrvey sample consisted of clients.				
V 118	27G .0209 (C) Med	ication Requirements	V 118			
	only be administered order of a person and drugs. (2) Medications shat clients only when and client's physician. (3) Medications, incommendation administered only bunlicensed persons pharmacist or other privileged to prepare (4) A Medication Administered only bunlicensed persons pharmacist or other privileged to prepare (4) A Medication Administered order immediated MAR is to include the (A) client's name; (B) name, strength, (C) instructions for a (D) date and time the	inistration: non-prescription drugs shall d to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the sluding injections, shall be y licensed persons, or by trained by a registered nurse, legally qualified person and e and administer medications. Ininistration Record (MAR) of led to each client must be kept administered shall be lely after administration. The				

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

	MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AN OF CORRECTION IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:	<u></u>			
		MHL001-096	B. WING			⋜ 29/2024	
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET AD			STATE, ZIP CODE			
WILDWOOD LANE GROUP HOME		OWOOD LAN 1, NC 27253	E				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
V 118	(5) Client requests checks shall be recipile followed up by a with a physician. This Rule is not me	age 1 for medication changes or corded and kept with the MAR appointment or consultation et as evidenced by: ion, record reviews and	V 118				
	interviews, the facil current affecting the #2 and #3) and fail available for admin audited clients (#3)	lity failed to keep the MARs ree of three audited clients (#1, ed to ensure medications were istration affecting one of three . The findings are: of client #1's record revealed:					
	Hyperlipidemia; Into Anxiety Disorder, Unisabilities; Panic I Anxiety], Gastro-es with EsophagitisPhysician's orders -Donepezil 10 itablet daily.	ential Hypertension; Mixed ermittent Explosive Disorder; Unspecified; Severe Intellectual Disorder [Episodic Paroxysmal cophageal Reflux Diseases dated 5/10/23: milligrams(mg)- Take one 5 mg- Take one capsule daily.					
	-Physician's orders -Vitamin D 100 two tablets dailyDocusate Sod capsules dailyOlopatadine S eye daily.						

Division of Health Service Regulation

STATE FORM 6899 1P2811 If continuation sheet 2 of 9

	INT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
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		MHL001-096	B. WING			29/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
WILDWO	OOD LANE GROUP HO	DME	WOOD LAN	E		
			, NC 27253			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	ΓΙΟΝ SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 2	V 118			
	-Systane Balance Lubricant Eye Drops, Restorative- Instill one drop on each eye four times a dayArtificial Solution Tears- Instill one drop on each eye four times a day.					
	Observation on 2/29/24 of client #1's medications revealed: -Olopatadine Solution- Had been discontinuedSystane Balance Lubricant Eye Drops, Restorative- Not available. Went with the client to her day program as it had to be administered thereArtificial Solution Tears- Not available. Went with the client to her day program as it had to be administered thereAll other medications mentioned were available.					
	Review on 2/29/24 of client #1's MARs for December 2023 through February 2024 revealed no staff initials as administered for the following dates: -January 2024: -Donepezil 10 mg- 1/2, 1/16. -Venlafaxine 75 mg- 1/2, 1/16, 1/17. -Vitamin D 1000 IU- Jan- 1/2, 1/16. -Docusate Sodium 100 mg- Jan- 1/2, 1/16. -Olopatadine Solution- 1/2, 1/16, 1/17. -Lumify Drops 0.025%- Jan- 1/2, 1/16. -Systane Balance Lubricant Eye Drops, Restorative- 1/15-1/18@11am, 3pm; 1/23-1/26@11am, 3pm. -Artificial Solution Tears- 1/15-1/16 @7am, 11am 3pm; 1/23-1/25@11am, 3pm. Review on 2/29/24 of www.webmd.com revealed: -Donepezil 10 mg- Was used for the treatment of dementia in mild, moderate, and severe Alzheimer disease.					

Division of Health Service Regulation

STATE FORM 6899 1P2811 If continuation sheet 3 of 9

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					R	
		MHL001-096	B. WING		02/29/2024	
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET AD			STATE, ZIP CODE		
WILDWOOD LANE GROUP HOME			WOOD LAN	E		
			, NC 27253		211	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 118	Continued From page 3		V 118			
	social anxiety disor -Vitamin D 1000 IU -Docusate Sodium constipationOlopatadine Soluti of the eyeLumify Drops 0.02 redness of the eyeSystane Balance L Restorative- Was u -Artificial Solution T the eyes.	- Was a daily supplement. 100 mg- Was used to treat on- Was used to treat itching 5%- Was used to treat Lubricant Eye Drops, sed to lubricate the eyes. Fears- Was used to lubricate				
	Review on 2/29/24 of client #2's record revealed: -Admission date of 6/16/99Diagnoses of Spastic Quadriplegic Cerebral Palsy; Catatonic Disorder; Schizoaffective Disorder, Bipolar Type; Moderate Intellectual Disability; Mood Disorder; Urinary Tract Infection; Legal Blindness; Constipation, Unspecified; Neurogenic Bowel; Gastro-esophageal Reflux Disease without Esophagitis; Neuromuscular Dysfunction of the Bladder, Unspecified; Major Depressive Disorder, Recurrent, MildPhysician's orders dated 5/1/23: -Sennosides 8.6 mg- Take two tablets dailyMyrbetriq 25 mg- Take one tablet dailyBaclofen 20 mg- Take two tablets twice a dayLamotrigine 25 mg- Take two tablets each night at bedtimeLorazepam 1 mg- Take one tablet three times a dayPhysician's orders dated 11/10/23: -Lamotrigine 200 mg- Take one tablet twice a dayVenlafaxine 150 mg- Take one capsule each night at bedtime.					

Division of Health Service Regulation

STATE FORM 6899 1P2811 If continuation sheet 4 of 9

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED (X3) DATE SURVEY COMPLETED (X4) ID PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SOS WILDWOOD LANE GRAHAM, NC 27253 (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 118 Continued From page 4 -Venlafaxine 75 mg- Take one capsule dailyPantoprazole 40 mg- Take one tablet dailyPhysician's orders dated 1/25/24: -Zinc Oxide Ointment 20% Apply to
MHL001-096 MHL001-096 B. WING B. WING R 02/29/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 118 Continued From page 4 -Venlafaxine 75 mg- Take one capsule dailyPantoprazole 40 mg- Take one tablet dailyPhysician's orders dated 1/25/24: -Zinc Oxide Ointment 20% Apply to
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WILDWOOD LANE GROUP HOME SUMMARY STATEMENT OF DEFICIENCIES GRAHAM, NC 27253 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 118 Continued From page 4 -Venlafaxine 75 mg- Take one capsule dailyPantoprazole 40 mg- Take one tablet dailyPhysician's orders dated 1/25/24: -Zinc Oxide Ointment 20% Apply to
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(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 118 Continued From page 4 -Venlafaxine 75 mg- Take one capsule dailyPantoprazole 40 mg- Take one tablet dailyPhysician's orders dated 1/25/24: -Zinc Oxide Ointment 20% Apply to
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V 118 Continued From page 4 -Venlafaxine 75 mg- Take one capsule dailyPantoprazole 40 mg- Take one tablet dailyPhysician's orders dated 1/25/24: -Zinc Oxide Ointment 20% Apply to
-Venlafaxine 75 mg- Take one capsule dailyPantoprazole 40 mg- Take one tablet dailyPhysician's orders dated 1/25/24: -Zinc Oxide Ointment 20% Apply to
-Venlafaxine 75 mg- Take one capsule dailyPantoprazole 40 mg- Take one tablet dailyPhysician's orders dated 1/25/24: -Zinc Oxide Ointment 20% Apply to
-Venlafaxine 75 mg- Take one capsule dailyPantoprazole 40 mg- Take one tablet dailyPhysician's orders dated 1/25/24: -Zinc Oxide Ointment 20% Apply to
-Pantoprazole 40 mg- Take one tablet dailyPhysician's orders dated 1/25/24: -Zinc Oxide Ointment 20% Apply to
-Physician's orders dated 1/25/24: -Zinc Oxide Ointment 20% Apply to
-Zinc Oxide Ointment 20% Apply to
-Zinc Oxide Ointment 20% Apply to
irritated/broken down vaginal skin four times a
day.
-Physician's orders dated 2/6/24:
-Miralax Powder- Mix 17 gm in 4-8 ounces of
liquid and drink once a day.
-Docusate Sodium 100 mg- Take one
capsule daily.
-Caplyta 42 mg- Take one capsule daily.
-Zolpidem 5 mg- Take one tablet each night
at bedtime.
at beginne.
Observation on 2/20/24 of alient #2's modications
Observation on 2/29/24 of client #2's medications
revealed:
-All medications mentioned were available.
Review on 2/29/24 of client #2's MARs for
December 2023 through February 2024 revealed
no staff initials as administered for the following
dates:
-December 2023:
-Venlafaxine 75 mg- 12/25-12/28.
-Zolpidem 5 mg- 12/3, 12/23-12/25; 12/28-
12/31.
-Lorazepam 1 mg- Dec- 12/4-12/7@1pm;
12/25@1pm, 12/30@1pm.
-January 2024:
-Miralax Powder- 1/2.
-Sennosides 8.6 mg- 1/2.
-Docusate Sodium 100 mg
-Venlafaxine 75 mg.
-Caplyta 42 mg- 1/2.
-Myrbetriq 25 mg- 1/2.
-Pantoprazole 40 mg- 1/2.
-Baclofen 20 mg- 1/2 @7am.
-Lamotrigine 200 mg- 1/2 @7am.
-Lorazepam 1 mg- 1/2 @ 7am.

STATE FORM 6899 If continuation sheet 5 of 9 1P2811

Division	of Health Service Re	egulation					
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
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NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
WILDWOOD LANE GROUP HOME		WOOD LANI , NC 27253	Ē				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE	
V 118	2/2@12pm,4pm, 2/2/10@12pm,4pm; 2/2/10@12pm,4pm; 2/25-2/2 Review on 2/29/24 -Sennosides 8.6 ms constipationMyrbetriq 25 mg-V bladder problemsBaclofen 20 mg-V spasmsLamotrigine 25 mg and bipolar disorde -Lorazepam 1 mg-of the symptoms of depressionLamotrigine 200 m and bipolar disorde -Venlafaxine 150 m generalized anxiety social anxiety disorde -Pantoprazole 40 m acid reflux and gast -Zinc Oxide Ointme prevent skin irritatio -Miralax Powder-V-Docusate Sodium constipationCaplyta 42 mg-W bipolar II depression -Zolpidem 5 mg-W Review on 2/29/24	50 mg- 2/4. 5 mg- 2/4. g- 2/4, 2/8. htment 20%- 2/1- /3@12pm,8pm; 2/4- 22/12-2/13@4pm; 2/15- //27@4pm. of www.webmd.com revealed: g- Was used to treat Vas used to treat seizures g- Was used for short-term relief fanxiety or anxiety caused by hg- Was used to treat y used to treat seizures gr. Was used for short-term relief fanxiety or anxiety caused by hg- Was used to treat y disorder, panic disorder, and der. hg- Was used for heartburn, hg- Was used for heartburn, hg- Was used for heartburn, hg- Was used to treat y disorder, panic disorder, and der. hg- Was used for heartburn, hg- Was used to treat or hg- Was used to treat constipation. Yas used to treat bipolar I and h in adults. Yas used to treat insomnia.	V 118	DELIGITACITY			
	-Admission date of						

-Diagnoses of Severe Mental Retardation;

STATE FORM 6899 If continuation sheet 6 of 9 1P2811

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			E CONSTRUCTION	(X3) DATE	SURVEY
		A. BUILDING:		_	_
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NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
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-Physician's orders of -Zinc Sulfate 22i -Probiotic 250 m -Vitamin C 500/5 -Therems- Take -Atorvastatin 20 6pm. -Amlodipine 5 m -Levothyroxine 1 before breakfastPotassium Chlopacket as directed th -Viactiv Calcium Swallow one piece the -Minerin X Creat application topically Observation on 2/29 revealed: -Tub of Minerin X Crexpiration date of 8/5 availableAll other medication Review on 2/29/24 of December 2023 throw staff initials as addates: -December 2023: -Atorvastatin 20	osclerosis of Aorta; pertension; Reflux Disease; Prediabetes. dated 4/14/23: 0 mg- Take one tablet daily. ng- Take one capsule daily. 5ml- Take 5 ml daily. one tablet daily. mg- Take one tablet daily at ng- Take one tablet daily. 100 mg- Take one tablet daily. 1100 mg- Nix one hen take twice a day. 1100 mg- Nix one hen take twice a day. 1100 mg- Nix one hen take twice a day. 1100 mg- Nix one hen take twice a day. 1100 mg- Nix one hen take twice a day. 1100 mg- Nix one hen take twice a day. 1100 mg- Nix one hen take twice a day. 1100 mg- Nix one hen take twice a day. 1100 mg- Nix one hen take twice a day. 1100 mg- Nix one hen take twice a day. 1100 mg- Nix one hen take twice a day. 1100 mg- Nix one hen take twice a day. 1100 mg- Nix one hen take twice a day. 1100 mg- Nix one hen take twice a day. 1100 mg- Nix one hen take twice a day. 1100 mg- Nix one hen take twice a day. 1100 mg- Nix one hen take twice a day. 1100 mg- Nix one hen take twice a day. 1100 mg- Nix one hen tablet daily.	V 118			

Division of Health Service Regulation

STATE FORM 6899 1P2811 If continuation sheet 7 of 9

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			` ′	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	MHL001-096	6	B. WING			29/2024	
NAME OF PROVIDER OR SUPP	ER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
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V 118 Continued Fror	page 7		V 118				
-Amlodiping -Levothyrox -Potassium @7amViactiv Ca -Minerin X 1/22-1/31. February: -Minerin X Review on 2/29 -Zinc Sulfate 22 prevent zinc de immune system -Probiotic 250 r improve or rest -Vitamin C 500 -Therems- Was -Atorvastatin 20 cholesterolAmlodipine 5 r pressureLevothyroxine hypothyroidism -Potassium Ch the manageme -Viactiv Calciur supplementMinerin X Creamoisturizer to to itchy skin and results on which staff reclient's medical calcium supplement and must be en switched	5 mg- 1/2. ine 100 mg- 1/2. Chloride Powder 20 incitium Chew Plus- 1/2. Cream 454 gm- 1/2, 1 Cream 454 gm- 2/1-2/2 24 of www.webmd.cc 0 mg- Was used to tricion and it also here function. Ing- Was used as a subject the gut microbiota form was used as a supplement mg- Was used to treat was used as a supplement mg- Was used to treat was used to gride Powder 20 mg- It and treatment of hy Chew Plus- Was used to gride Powder 20 mg- It and treatment of hy Chew Plus- Was used the prevent dry, row in the staff #4 reverse that there were staff and initialed their in the staff #4 reverse that there were staff not initialed their in the staff #4 reverse that there were staff not initialed their in the staff #4 reverse that there were staff not initialed their in the staff #4 reverse that there were staff not initialed their in the staff #4 reverse that there were staff not initialed their in the staff #4 reverse that there were staff not initialed their in the staff #4 reverse that there were staff not initialed their in the staff #4 reverse that there were staff not initialed their in the staff #4 reverse that there were staff not initialed their in the staff #4 reverse that there were staff not initialed their in the staff #4 reverse that there were staff not initialed their in the staff #4 reverse the	@ 7am. /5; 1/8-1/20; /29. om revealed: reat and to lps in the upplement to isupplement. int. rat high high blood treat Was used in //pokalemia. red as a ugh, scaly, ealed: some days names on the Cream had cation.					

Division of Health Service Regulation

STATE FORM 6899 1P2811 If continuation sheet 8 of 9

	ENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOUNDER OF THE APPREDED TO THE APPREDEFICIENCY)	JLD BE	(X5) COMPLETE DATE
V 118	-She was not aware had expired. Interview on 2/29/24 Coordinator revealershe didn't know the MARsShe was not aware had expired and the houseShe acknowledged client's MAR current Due to the failure to medication administ determined if clients medications as order	e that client #3's Minerin tub 4 with the Program ed: ere were blanks on the client's e that client #3's Minerin cream ere was not a new one at the d staff failed to keep the at. e accurately document stration, it could not be s #1, #2 and #3 received their ered by their physician. stitutes a re-cited deficiency	V 118			

6899

Division of Health Service Regulation STATE FORM

1P2811 If continuation sheet 9 of 9